STATE OF MARYLAND—	CERTIFICATE OF DEATH 07942
1. PLACE OF DEATH	R
County Catoline	Registration Dist. No. 4
Village or City Crear Treewsbord	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2 FILL MANE ROLL Sold	2 Chorange
(a) Paridona No.	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(oc) WIFE of	august 1, 1933, to august 6, 1933
6. DATE OF BIRTH (month, day, and year) Thear, 3rd 19	Mast saw hem alive on august 16, 1933; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above atm.
/7 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	accidentally fell out of a tree.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Cuego.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	OH Man
10. Date deceased last worked at this occupation (month end spent in this	before or setting was secondary to
yaar) occupation	Other Contributory Causes of importance from a trace
12. BIRTHPLACE (city or town) Zuesa Greenstoro.	Other Continuous of Importance of Passer & Dree.
(State or country) Tarabay Course	accidental fall, from treas Det presented for treat-
13. NAME (alfred Silvougle  14. BIRTHPLACE (city or town) philas	ment until more than a week of ter fall.
14. BIRTHPLACE (city or town)	Name af operation Would Date of
(State of country)	What test confirmed diagnosis? — Lucuel Was there an autopsy? Mo
15. MAIDEN NAME Cela. Decurett	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident . Date of injury
(State or country) Tuesdord	Where did injury occur? Mar Stransford Caroline Ca. Ind.  (Specify eity or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT MICE CA. OCCOCO (Address)	Ot home on the farms
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury accidental foll from tree
Place Resulto of Date Cury 9, 193	Natura of injury Probable fracture of skull
1 3/incil 7d	24. Was diseasa or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILEDLUS 9 1833 L. Martissia	(Signed) Musles & State sufer M.D.
Registrar.	(Address) Greensboro, Maryland
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 07943
1. PLACE OF DEATH	92-0
County Caroleul	Registration Dist. No. 6 /
Village or City Mary dell 142	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or toyn where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME hurles a. 19ry	auf
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Der) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Ida: V. Sayaul	March 1 1933 Color 1 183
6. DATE OF BIRTH (month, day, and year) Jaux, 9h 1866	1 last saw hall alive on 11 18 ; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 7 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or parlicular	Valoular Decease 7 Hears. Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(mitral structure)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked at this occupation (month and the control of	(///4-5-2
SAW MILL, BANK, etc	
this occupation (month and year) - spart in this occupation	
- Josephini	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Wew Gook,	
	Muhman
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en au'opsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
17. INFORMANT This I da & Bry and , (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Injury
Place Pelesfued Mas Oate Weg 13, 1933	Manner of Injury
19. UNDERTAKER NB, Raweifigo,	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Aceus vio. Ma.	If so, specify
20. FILED Leep 21, 1933 L. Mart Property	(Signed) Sylve M. D.  (Address) Sull Fru M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1-	Example I		Example II	
The principal cause of do of importance were as for	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ess 5 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE O

F DEATH	07944
Registration Dist. No	62
(	
If nonresident give city or tow	
Rey 9 (Day)	., 193 <b>3</b> (Year)
BERTIFY That lett	lended deceased from 19.33 death is said
bove, at 4 - m.	
and related cause of Importanc	Date of onset
ordites -	1930
nce:	
Punelund	
Da	
(VIOLENCE) fill in also the fo	
(Specify city or town, county a	2.70., 19.7)
NDUSTRY, In HOME, or in PUBI	LIC PLACE.
Poor Punt	with the
related to occupation of deceas	
O Terra	e

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
() SEP B tons			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHISICIAN

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 17945
	1. PLACE OF DEATH	34)
occ of of	County Caroline	Registration Dist. No. 66
F.6 1	Village or City Radyely	NoSt., War
- · ·		death occurred in a hospital or institution, give its NAME instead of street and number)
RD. Every YSICIANS statement		ds. How long In U.S. if of foreign birtb?yrsmosd
	2. FULL NAME Mas Via Henray	Boly)
RD.	(a) Residence: No. Acadely (Ujual place of abode)	St., Ward.
CORD. Every PHYSICIAN let statement	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECORD.  PHYSI  Exact stat	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E.Y.	Lemale nears Infant	luguet 24, 193 3
NG. T. T. I.	%. If married, widowed, or divorded	(Month) (Day) (Year)
BINDING PERMANEN E X A C T I y classified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
	J. Mar	aug 24 ,1933, to duy 24 ,193.
B) PE PE	6. DATE OF BIRTH (month, day, and year) lugust 24 / 433  7. AGE Years Months Days II IFSS than	I last saw he Y alive on Lune 2 41, 1933; death is sei
FOR B IS A PF stated F properly ertificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at 3.1.3.5 L.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR B. IS A PE stated E properly certificate	or.2.Omin.	were as follows: Date of ones
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	Longend & Syphilis
VE STA	A Monday or business in which	African
SERVI VK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
	and a spenting (mount and a spenting fills	
ARGIN RESTORY OF THE STATE OF T	year) occupation	Other Contributory Causes of Importance:
cti s C	12. BIRTHPLACE (city or town). Kulyely	
MARGIN UNFADI supplied. n terms, se	(State or country) Caroling Mad	
	13. NAME Fletcher Kunggold	
Sus su su su see	4. BIRTHPLACE (city or town)   Kidyelly   (State or country)   23   14.8	Name of operation.
5 6 6	The state of the s	What test confirmed diagnosis? Austral Jander There an autopsy?
in an	H P I	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town) - Alsakesty (State or country)	Accident, sulcide, or homicide? Date of injury, 19
AIN d be DEA	0	Where did Injury occur?(Specify city or town, county and State)
A B B B	17. INFORMANT Comma fautur Harry (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
F 61.2	Piace Thomastaure Date aug 25 19 33	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Jame Ring cold (action)	
ن ا د ا	(Address) De dallo M. S.	24. Was disease or injury in any way related to occupation of deceased? 224
Y. S. K.	20 FILED augzy 1933 To Davis	(Signed) . Tales MI
Þ. K	Registrar.	(Address) Ridgel ma
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
		V

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-Lef-infor-UNFADING INK-THIS IS A PERMANENT RECORD. Every the CAUSE OF DEATH in plain terms, so that it may be properly classified. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH

1. PLACE OF DEATH	OT946
county Careline	(3)
	Registration Dist. No. 4
	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME proper Moore	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
Francis M' OR DIVORCED (with word)	Sugarsh 10 1933 (Year)
5a. If married, widowed, or divorced HISSEAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
- The Marie	august 4, 1933, 10 august 8, 1933
6. DATE OF BIRTH (month, day, and year) 28-1841	I last saw h fr alive on august 9, 193; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etAm.
92 8 9 1 day,hrs.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the company).	Chronic nephritis (anterio selerotic).
9. Industry or business in which	Duration : not known Cuto
work was done, as SILK MILL, SAW MILL, BANK, etc	1/5/2
11. Total time (years) spent in this occupation (month and year) year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country) Mary Lund	( h h. 18 10 1 ) ?
13. NAME Weliam Cudreurs,	- jagranam
14. BIRTHPLACE (city or town)	Name of operation Name # Date of Date of
(State of country)	What test confirmed diagnosis? I level of Was there an au'opsy?
15. MAIDEN NAME Vickeform	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country) Verteberry	Where did injury occur?
17. INFORMANT May Were, Moore;	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Suembro ad Date aug 13, 19 82	Manner of injury
19. UNDERTAKER R. B. Kanylines !	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Ques. 12 1933 & May Preside	If so, specify (Signed) Charles I Straight M. D.
Registrar.  If more blanks are needed address State Registrar.	(Address) Greensboro, Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	. /a, 4		

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
() a ()	119
County	Registration Dist. No.
Village or City Yveds Cuo, md	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME William J. Sleel	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Queg , 25, 1935, (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
2002111 1079	1935, to (1935), 103
5. DATE OF BIRTH (month, day, and year) May 11, 1932	last saw Multiple on
1 day,h	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows: Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Justin Eullstin
- 1 2 3	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	er
THE STATE OF THE S	Other Contributory Causes of importance:
(State or country)	
13. NAME Rupius Steel	
13. NAME Tufus Steel	Name of operation
(State or country)	Name or operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eva Sucusow,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CON SUCUSOR.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) North Caralway	Where did Injury occur?
7. INFORMANT Mas. Eva Ilea (Address) Lucks bur Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 1,190	Nature of injury
19. UNDERTAKER R. B. Ramburgs	24. Was disease or injury In any way related to occupation of deceased?
20. FILED SW 1330 acsmul	(Signed) A Defending M. (Address) M.
	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:		
		Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

BINDING

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

OCCUPATION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07949
1. PLACE OF DEATH	95.8
County Tearalus	Registration Dist. No. 62
Village or City Dundan	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME FRATELL Hose	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF BEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	19 to
6. DATE OF BIRTH (month, day, and year) and 20	I last saw h ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Basel 45, 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Such au
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Kent Disen 2.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Shidustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this second)	
10. Date deceased last worked at this occupation (month and use 7 spant in this occupation occupation	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 0 6 00.	Name of operation
4 14, BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy? Deep
15. MAIDEN NAME Lingil Tremanne	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ling gilles au  16. BIRTHPLACE (city or town) / Constantible  (State or country)	Accident, suicide, or homicide?
X (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Morman Coas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMOTON, OR REMOVAL	Manner of injury
Place Date Little 19 19 19 19	Nature of injury
19. UNDERTAKER 1. // // // // // // // // // // // // //	24. Was disease or impry in any way related to occupation of deceased?
dia h h	(Signed) Joulius M. D.
20. FILED \$ 110 , 19 33 / Mm AO YUNG	Charles Mis.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0. 1000

BINDING

FOR

RESERVED

ARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

	N. BWRHTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
	r RECOR	Y. PHY	Exact s		
INDING	RMANENT	XACTL	classified.		
FOR B	IS A PE	stated E	properly	certificate	
IARGIN RESERVED FOR BINDING	NK-THIS	JE should be	nat it may be	is on back of	
(ARGIN I	H UNFADING	supplied. A	in terms, so tl	See instruction	
	NLY, WIT	e carefully	ATH in pla	nportant.	
	WRFITE PLAI	nation should b	AUSE OF DE	TION is very important. See instructions on back of certificate.	
V. S. No. 1	N. B.	1	T	5	

1. PLACE OF	STATE C	OF MARY	/LAND-	CERTIFICATE	OF DEAT	Н	07951
County	Caroline,			(192)	Registration Dis	Holon+	
	ity Federals	sburg.		No.	Registration Dis		Mand
				MONO			
						,,,,,,	
	WE Esther		,				
(a) Residen		ralsburg (Usualplace o	f abode)	St., Ward.	If nonresident give		d State
	AL AND STATIST				ERTIFICATE C	F DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	August,	I9th.	. 1933
Female,	White.	Wido	wed.		(Month)	(Day)	(Year)
5a. If married, widow HUSBANO of				22 1 1 1 1 1 1 1 1 1	CERTIFY.	That I attends	d deserred from
(or) WIFE of	Geo. Samuel	William	s. dec'd	· Um 2		1 die 1 die 1 de 1	10.33
6 DATE OF BIRTH	month, day, and year)	Oct.I4th	TRAR	Mast saw h. A. alive on.	Cerry	19 1933	:; death is said
7. AGE Year		Days	If LESS than	have occurred on the date state	d above, at 4-TO		, 000111 13 3011
	84 IO	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT			
_ 8. Trade, profes	sion, or particular		ormin.	were as follows:			Date of onset
kind of w	ork done on CDIMMED	House-wo	ork.	(avder-	1/as Cul	an	
A. Industry or I	ousiness in which			Descuse			**
S SAW MIL	done, as SILK MILL, L, BANK, etc			-			
10. Date decease this occup	ed last worked at patien emonth and 1933	spani	ne (years) t in this Life				
1 9641)			Jation	Other Contributory Causes of Impo	ortance: Del	1.1.	
12. BIRTHPLACE (cit (State or coun		more,		Zineras	SU III	ney	
~!	-	Md.				/	
13. NAME		naway, Jnknown.	-	7-			
14. BIRTHPLACE (State or	(city of towii)	TIKITOWII.		Name of operation		Date of_	
		D 33		What test confirmed diagnosis?		Was there an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE	Esther	Bell.		23. If death was due to external cau			•
16. BIRTHPLACE		Dala		Accident, suicide, or homicide?	Date	e of injury	, 19
≥ (State or		Delawa		Where did injury occur?	(Specify city or tow	n, county and St	ate)
17. INFORMANT (Address)	Frank L.V Federal	lsburg.		Specify whether injury occurred in	INDÚSTRY, in HOME,	or in PUBLIC P	LACE.
18. BURIAL, CREMATI		A	0011-0	Manner of injury	0-0-0		
Place COL	cesbury, Md	Date Aug	·55. 7833	Nature of injury			
19. UNDERTAKER (Address)	J.T.Framp Federals			24. Was disease or injury In any w	ay related to occupation	n of deceased?	NI
20. FILED Aug.	21 <sup>st</sup> , 1933 5.			(Signed) (Address)	Fidue	Blun	mul.
	If more	blanks are needed, ad	Idress State Registrar,	2411 N. Charles Street, Baltimore, Re	questing U. S. No. 1.	-	1

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 wear

IARGIN RESERVED FOR BINDING

STATE O	MANILAND	CERTIFICATE OF DEATH 073	00
1. PLACE OF DEATH		(186-0)	
County Court Court	0	Registration Dist. No. 6 H	
	O O	No. St., If death occurred in a hospital or institution, give its NAME instead of street and numb	- 1
Length of residence in city or town where d	eath occurred yrs	os. ds. How long In U. S. if of foreign birth? yrs. mos.	ds
2. FULL NAME Darah	oullev. o	my	
(a) Residence: No. Dedero	bur, printale	St., Ward.	2007852
PERSONAL AND STATISTI	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
L'ernale, Ivhite	OR DIVORCED (write the word)	Mugust 6, 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Villiams dois	22. I HEREBY CERTIFY. That I attended decea	
7	0.0000000000000000000000000000000000000		19 21
6. DATE OF BIRTH (month, day, and year)	Jan 4, 1821	I last few h ex alive on any 5/ ,192 ; der	ath is sai
7. AGE Years Months	Days If LESS than 1 day,hr	to heve occurred on the date stated above, at J.H.SH.m.	
79   3	27 ormin.	THE I RIVER OF DEATH ONE COURSE OF THE PORTOR	te of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	Some made		
SAWYER, BOOKKEEPER, etc.	toune and I'll	Treat & Delocated	7/2/1
work was done, as SILK MILL, SAW MILL, BANK, etc.		Theme I say from ?	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end year)	11. Total time (years) spent in this occupation		
0 00 1111	04 64	Other Coutributory Causes of importance:	- 11
12. BIRTHPLACE (city or town) OCCOND	Je awar	1/18 CALO	74/2
13. NAME John attras	7 . 1 . 0 0	- Munt Come	1/
13. NAME Compatition 14. BIRTHPLACE (city or town)	Den Co.	Name of operation Date of	
(State or country)	Beloware	What test confirmed diagnosis? Was there an autop	cv? Zw
15. MAIDEN NAME Elisso	Ward.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	3,
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Sussex Cni	Accident, suicide, or homicide? accident Date of injury 7/26	19 2
(State or country)	Belaware		Com
17. INFORMANT JOSEPH D. N. (Address) Sederals	Villians	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	Co. U
18. BURIAL, CREMATION, OR REMOVAL	. 2	Manner of injury Fell	
Place d'ederals rurg IM	d Dete Wug 8", 193		me
Out OF	t= ,00	24. Wes disease or injury in eny way releted to open pation of deceased?	
	now I son	" " " " " " " " " " " " " " " " " "	
19. UNDERTAKER AND A ON A PA	garra And	If so, specify	
(Address) Seder all	Erwa 4nd.	If so, specify (Signed) WX	M.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

TARGIN RESERVED FOR BINDING

County Caroline	/	76)	Posicitation Dist to
Q <sub>1</sub>			Registration Dist. No. 4
Village or City Areens	0000	NoNo	St., Wal
Length of residence In city or town where			if of foreign birth?yrsmosd
2. FULL NAME Salley 1	erginia /tels	2000	
(a) Residence: No. Syskus	storo Marylac	St. Ward.	
	(Usual place of abode)		If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE OF DEATH
Female colite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Guguest 11, 1933 (Mynth) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		I HEREE	BY CERTIFY, That I attended deceased in
. DATE OF BIRTH (month, day, and year)	10/4/857	I last saw have alive on	Janguest 11 1, 1933; death is s
. AGE Years Months	Days If LESS than	to have occurred on the date s	1 10 30
75 8	7 l day,hrs		EATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	house work		Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	no.	Cercino	ma Jugmed "
10. Date deceased last worked at this occupetion (month and year)	11. Total time (years) spant in this occupation		
2. BIRTHPLACE (city or town) Laro le (State or country)	markated	Other Contributory Causes of i	mportance:
13. NAME Seo. 14. 1 14. BIRTHPLACE (city or town). O. J.	Wilson	- Cour	Joeanne
(State or country)	est recow	Name of operation	Date of
15. MAIDEN NAME MONY	Jours	23. If death was due to external	causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary  16. BIRTHPLACE (city or town) Do  (State or country)	not Know		Pate of Injury, 19
7. INFORMANT AUGO J. C. 74. (Address)	oracy!		(Specify city or town, county and State) and in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Outon Md	Date any 14, 19133	Manner of injury	
9. UNDERTAKER R. B. Ra (Address)	wlusteps:	24 Was disease or injury in an	by way related to occupation of deceased? He
0. FILED CLER 14 19 L.	m l D · · ·	If so, specify (Signed)	artes Helphaliter

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHENAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		